



The Commonwealth of Massachusetts

Department of State Police

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

MARY ELIZABETH HEFFERNAN
SECRETARY

COLONEL MARIAN J. MCGOVERN
SUPERINTENDENT

Division of Administrative Services

1033 Program

470 Worcester Road

Framingham, Ma. 01702

Telephone: (508)-820-2134

Request for 1033 Program Equipment

Date: _____

The _____ Department is requesting the 1033 Program State Coordinator's assistance in processing this request for equipment screened through the 1033 program. Below is the necessary information to process the request:

Name of Agency: _____

Address: _____

Phone: _____ Fax: _____

Chief Executive Official: _____

Point of Contact: _____

No. of Full Time Officers: _____

I, _____ have read and understand the terms and conditions applicable to equipment transferred as detailed in the Memorandum of Agreement between the State Coordinator and this agency.

The _____ Department has the ability to maintain, operate and properly store the requested items.

I, _____ acknowledge that the requested items shall remain in this agencies possession until no longer needed. At such time that the items are no longer needed or

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serviceable, this agency shall submit a letter to the Governor appointed State Coordinator seeking assistance in the disposal, turn-in, or transfer of these items.

Below is a list of items screened through the Defense Reutilization and Marketing Service automated system. If additional space is needed please attach a list as formatted below.

Item Description	Quantity	Intended Use

I certify that these items shall be used in accordance with the Memorandum of Agreements governing the 1033 program.

Chief of Police (print)

City/Town Executive Official (print)

Chief of Police (signature)

City/Town Executive Official (signature)